

**FOCUS SAMPLE REVIEW CHECKLIST  
 INDIVIDUALS PREPARING FOR TRANSITION**

<b>Agency/Area Program:</b>	<b>Reviewer Name:</b>
<b>Focus sample individual name/#:</b>	<b>Review Date:</b>

<b>BASED ON OBSERVATIONS/INTERVIEWS – THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM OBSERVATIONS/INTERVIEWS</b>
<b>TERMINATION OF SERVICES (404 NAC 4-003.06)</b>	
<b>Strategies and supports are given by the current provider to continue to meet the needs of the individual during the transition period prior to the termination date.</b>	

<b>BASED ON FILE REVIEW -- THE FOLLOWING IS PRESENT</b>	<b>YES/NO/NA – NOTES FROM FILE REVIEW</b>
<b>The individual's file includes documentation regarding notification of termination of services.</b>	
<b>If the services were terminated by the agency, written notification was given to the individual or his/her legal representative no less than 60 days prior to the final day of services outlining the reasons for termination of services.</b>	

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BASED ON FILE REVIEW – THE FOLLOWING IS PRESENT	YES/NO/NA – NOTES FROM <b>FILE</b> <b>REVIEW</b>
<p>If the services were terminated by the agency, development of a <b>transition plan in conjunction with the individual's IPP team and the new provider including:</b></p> <ul style="list-style-type: none"> <li>• <b>Primary focus on the individual's needs and preferences;</b></li> <li>• <b>Timelines;</b></li> <li>• <b>Supports/strategies needed for the new provider;</b></li> <li>• <b>Supports/strategies needed for the current provider during the transition period.</b></li> </ul>	
<p>If the services were terminated by the individual or legal representative, <b>written notification was received by the provider no less than 30 days prior to the final day of services.</b></p>	